

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Paul L. McConomy, SR.,	COURT CASE NUMBER 05-785 (sur)						
DEFENDANT DR. SATTIE ALIE	TYPE OF PROCESS OC						
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DR SATTIE ALIE (STATE OF DELAWARE - PRISON MEDICAL) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) C/O FIRST CORRECTIONAL MEDICAL (F.C.M.) 6861 NORTH ORACLE ROAD, TUCSON, AZ 85704						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>(1-12)? *</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form - 285	1	Number of parties to be served in this case	(1-12)? *	Check for service on U.S.A.	
Number of process to be served with this Form - 285	1						
Number of parties to be served in this case	(1-12)? *						
Check for service on U.S.A.							
PAUL L. McCONOMY, SR. 110 NORTH POPLAR STREET WILMINGTON, DE 19801							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold**PAUPER CASE***** SEE APPEAL, THRD CIRCUIT**

Signature of Attorney or other Originator requesting service on behalf of:

Paul L. McConomy, Jr.☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

**(302) 753-0796
" 323-0257"**

DATE

5-3-6**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 1	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk for	Date 5-23-06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

FILED**MAY 24 2006****U.S. DISTRICT COURT**☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

5/23/06

Time

5:23

am

pm

Signature of U.S. Marshal or Deputy

for

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Per Sue Cianciolo, FCM, FCM will not accept for individuals. Only for FCM.**Return Unexecuted****for 5/23/06**